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Application Number	ATTRIBUTE UTILESS IL UISPIAYS & VAIIU CHAB COTTUOI HUI	noer.
Filing Date		
First Named Inventor	Wayne R. Barr	
Title	Vial Card Slitting Apparatus	
Art Unit		
Examiner Name		
Attorney Docket Number	1050	

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I hereby appoint:				
Practitioners associated with the Customer Number:	with the Customer Number: 32540			
OR		-		
Practitioner(s) named below:				
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as my/our attorney(s) or agent(s) to prosecute the application Trademark Office connected therewith.	identified above, an	nd to trans	act all business	in the United States Patent and
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Firm or Individual Name				
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Address	_			
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Telephone	F	Fax		
I am the: Applicant/Inventor.				
Assignee of record of the entire interest. See 37 CFF	3 71			
Statement under 37 CFR 3.73(b) is enclosed. (Form	PTO/SB/96)			
	Applicant or Assig	gnee of R	ecord	
Name Payl O Wright				
Signature / WWW Mught				
Date 3-24-2004	<u> </u>		Telephone	727-787-6596
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.				
*Total of 4 forms are submitted.				

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PTO/SB/81 (09-03)
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Assignee of record of the entire interest. See 37 CF	R 3.71,		
Statement under 37 CFR 3.73(b) is enclosed. (Form			
	f Applicant or As	ssignee of	Record
Name WAYNE AN BARR			
Signature //W////			
Date 3-24-20	04		Telephone 321-631-1527
NOTE: Signatures of all the inventors or assignees of record of the en forms if more than one signature is required, see below*.	tire interest or their	representativ	ve(s) are required. Submit multiple
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POWER OF ATTORNEY CORRESPONDENCE ADDRESS INDICATION FORM

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First Named Inventor	Wayne R. Barr	_
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Art Unit		_
Examiner Name		_
Attorney Docket Number	1050	_

I hereby appoint: Practitioners associated with the Customer Number: 32540	T 1		·	·	***			
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Practitioner(s) named below: Name	✓ Prac	titioners associated v	with the Customer Number:		3254	0		
Address Address City Telephone Iam the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Name Registration Number Registration Number Registration Number Individual States Patent and Trademark Office connected therewith. Please recognize or change the correspondence address for the above-identified application to: The address associated with the above-mentioned Customer Number: OR Firm or Individual Name Address Address City State Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Name Roy, L. Westlund Signature Telephone 727-421-9507 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiplo forms if more than one signature is required, see below.	· OR							
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Name Rony L. Westlund Signature Tory (1) Date 3-24-2004 Telephone 727-421-9507 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.	As St	ssignee of record of t atement under 37 C	he entire interest. See 37 CFF FR 3.73(b) is enclosed. (Form	R 3.71. PTO/SB/96))			
Signature Date 3-24-2004 Telephone 727-421-9507 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			SIGNATURE of	Applicant o	or Assignee o	f Record		
Date 3-24-2004 Telephone 727-421-9507 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	Name	Rory L. Westlund	.0					
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forms if more than one signature is required, see below*.	Date	3-24-20004				Telephone	727-421-9507	
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First Named Inventor	Wayne R. Barr	_
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Art Unit		_
Examiner Name		_
Attorney Docket Number	1050	_

				
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Practitioners associated with the Customer Number:	32540			
OR				
Practitioner(s) named below:				
Name		Registration	Number	
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Applicant/Inventor.				
Assignee of record of the entire interest. See 37 CFF Statement under 37 CFR 3.73(b) is enclosed. (Form				
SIGNATURE of	Applicant or Assignee of Rec	ord		
Name Kelly McGaughey				
Signature Tell Indiana 3				
Date 3-24-2004 Telephone 727-572-6810				
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DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN **APPLICATION DATA SHEET (37 CFR 1.76)**

Title of Invention	VIAL CARD SLITTING APPARATUS
As the below nam	ed inventor(s), I/we declare that:
This declaration is	s directed to:
	The attached application, or
	Application No, filed on,
	as amended on(if applicable);
I/we believe that sought;	/we am/are the original and first inventor(s) of the subject matter which is claimed and for which a patent is
	ed and understand the contents of the above-identified application, including the claims, as amended by any fically referred to above;
material to patent	the duty to disclose to the United States Patent and Trademark Office all information known to me/us to be ability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which between the filing date of the prior application and the national or PCT International filing date of the art application.
to be true, and f	ide herein of my/own knowledge are true, all statements made herein on information and belief are believed urther that these statements were made with the knowledge that willful false statements and the like are e or imprisonment, or both, under 18 U.S.C. 1001, and may jeopardize the validity of the application or any reon.
FULL NAME OF I	NVENTOR(S)
Inventor one:	Wyorky Barr
Signature:	Citizen of: U. S. A.
Inventor two: _Ro	ry L. Westlund
Signature:	ory [W.S. A. Citizen of: U.S. A.
Inventor three: Ke	
Signature: <u></u>	Dulay Citizen of: U.S.A.
Inventor four: Pa	
Signature:	aull. My AT Citizen of: U.S.A.
Additional in	ventors or a legal representative are being named on additional form(s) attached bereto

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